



CAVE CREEK EQUINE



CAVE CREEK EQUINE SURGICAL & IMAGING CENTER www.cavecreekequine.com | 623-581-5508 Office 623-516-0934 Fax | 34705 N. 14th St., Phoenix, AZ 85086

Consent for Veterinary Medical and Surgical Treatment

Owner's Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Fax: _____ Spouse/Co-owner name: _____ Phone: _____

E-mail address: _____

Patient Information

1) Patient name (registered): _____ (Barn name) _____

Breed: _____ Sex: Mare Geld Stallion Species: Horse Dog Cat Age: _____ Color: _____

2) Patient name (registered): _____ (Barn name) _____

Breed: _____ Sex: Mare Geld Stallion Species: Horse Dog Cat Age: _____ Color: _____

Referring Veterinarian: _____ Trainer Name: _____

Procedure: _____

Please be specific on area that is being looked at or worked on: RF LF RH LH _____

Date of onset of problem (estimate is fine) _____ Date of last Tetanus Vaccination _____

Financial Policy

Payment in full is required at the completion of services. Final payment may be made by credit card, cash, or check. Please note all returned checks will be charged a \$35 fee. If the account is NOT paid in full at the completion of services, and after your review of the final bill, the amount due will be charged to your credit card.

Credit Card Information: MC VISA AM EXPRESS DISC # _____

Exp: _____ Verification Code: _____ Date: _____

Cancellation Policy

There is a cancellation fee for no shows and appointments that cancel with less than 24 hrs notice.

I hereby authorize the veterinarian at CCESC and their assistants to examine and/or perform the necessary procedures. If any unforeseen condition arises in the course of the operation, calling for their judgment for any procedure in addition to or different from those now contemplated, I further authorize them to do whatever is necessary to avoid any unnecessary suffering by the animal (including euthanasia). I acknowledge that no guarantee has been made as to the results that may be obtained. This facility is not staffed 24 hours.

Patient Insurance

The insurance carrier for animals is handled differently than the medical insurance carried for yourself. We are not reimbursed by the insurance companies for services rendered. CCESC will be happy to assist in completing the required insurance paperwork for your reimbursement once the account has been paid in full. **Discharge:** If you are not present at the time of discharge, your completed invoice will be faxed or mailed to you and payment will be charged to the credit card you have indicated on your admission form. A copy of the receipt and your final bill will be mailed to you.

How did you hear about us? Please circle: Friend Advertising Website Facebook Other _____

I am the legal owner or the representative of the legal owner of the animal being presented and I am over the age of 18 years.

Signature (consent for treatment & financial policy): _____ **Date:** _____

We would like to take this opportunity to welcome you to the Cave Creek Equine Surgical Center, and thank you for choosing us to care for your horse.